

Bernalillo County Off-Reservation Native American Health Commission Final Report Highlights and Recommendations

In response to huge shortfalls in federal funding allocated to provide health care services to American Indians living in Bernalillo County and the resulting suspension of urgent care services at the Albuquerque Indian Health Center in 2005, the New Mexico State Legislature enacted HB236 in 2008 to create a nine-member Bernalillo County Off-Reservation Native American Health Commission. Mandated to complete a comprehensive strategic health plan to address the health care needs of the tribal members living off the reservation, the Commission serves as an important voice to shape and guide health policy decisions impacting urban Indians. Long over-looked by federal, state, and local policy-makers, this effort is a critical first step in developing pragmatic solutions to ensure the existence of adequate resources for health care services and the elimination of health disparities between off-reservation tribal members and other populations.

Based on data from the U.S. Census and the New Mexico Bureau of Business and Economic Research, the Commission established that at least 40,000 American Indians are living in Bernalillo County. The Commission contends that this number is significantly underestimated based on the number of registered users of the Indian Health Service in 2003. At that time, there were 46,883 individuals representing as many as 407 tribes from across the country living in Albuquerque and listed as patients at the Albuquerque Indian Health Center.

Using known data about health disparities within the Off Reservation Native American population in Bernalillo County as a foundation for its analysis, the Commission sought to link these to health care utilization data to determine the level to which the existing health care system appeared able to meet the health care needs of the community. In order to do this, the Commission systematically analyzed claims data from the State's Medicaid program, UNM Hospital data for all programs, data from the Albuquerque Area Indian Health Service, First Nations Health Source, and Hospital Inpatient Discharge Data (which included all Bernalillo County acute care facilities). The Commission also used the New Mexico Pregnancy Risk Assessment and Monitoring System (PRAMS) data from the Department of Health, and surveyed twenty three local clinics and providers to identify where Native Americans were being served outside of the traditional sources of care.

For the first time, the Commission was able to move beyond anecdotal evidence and conjecture to identify the following key areas of opportunity to improve health outcomes for tribal members living away from their home reservations and ways in which the existing health care system can become more responsive to their health care needs:

Maternal and Child Health – Despite significant Medicaid enrollment and an array of services available through Medicaid coverage, one in three American Indian newborns are born with health issues. Exploring opportunities to create a Medicaid-based accountable care organization could incentivize the health care system to ensure early access to and utilization of pre-natal care services.

Chronic Disease, Mental, and Behavioral Health –American Indians in New Mexico are nearly three times more likely to die from diabetes than whites and more than three times as likely to die from alcohol-related causes. Despite significant resources allocated to diabetes care, better coordination of care and access to culturally competent treatment options is necessary to eliminate the tragic connection between chronic disease, mental, and behavioral health.

Access to Primary Care – There is no single entity in Bernalillo County providing primary care services to a significant portion of the off-reservation community. At UNM Hospital, primary care visits make up just 2% of the total visits by American Indians. Creating strategic partnerships between major providers and exploring innovative contracting opportunities could result in new points of access for primary care services.

Preventable Deaths – The average age of death for American Indians living in Bernalillo County is 56 years compared to 71 years for all races. Pneumonia and influenza deaths are major risk factors for Native Americans. Developing targeted campaigns and preventative strategies could significantly reduce the number of preventable deaths.

Elder Health – American Indians ages 65 and over make up just 7% of the total American Indian population in Bernalillo County compared to 14% for all races. Small numbers of elderly off-reservation community members receive care at local providers, but more data is needed to accurately determine the level of services currently being utilized. Recently acquired data from the California Rural Indian Health Board indicates that enrollment in Medicare in 2006 for Native Americans living in Bernalillo County age 65 and over was just 864 or 35.3% of the AI population age 65 and over.

Monitoring and Evaluation – Continuous evaluation and monitoring of the local health care system is necessary to determine the success of any interventions that are developed. The Commission expects to monitor and evaluate the implementation of the strategic health plan and continue to lead future planning efforts. In order to fulfill this role, it will be necessary to provide the Commission with claim data on an annual basis and support its efforts to develop the infrastructure to become the primary entity to store and analyze complex data sets

Scope of Work for FY12

Develop partnerships and increase coordination between federal, state, tribal, and local stakeholders to:

1. Increase access to primary care services
 - a. Partner with the Albuquerque Indian Health Service, the NM Department of Health, local Native American Tribes, Nations, and Pueblos, Bernalillo County, City of Albuquerque, UNM Health Sciences Center, First Choice and other local providers to expand access to primary care services.
2. Improve maternal and child health outcomes
 - a. Develop partnerships with Salud managed care organizations who have committed to increasing access and services to Native Americans living in Bernalillo County to improve utilization of maternal and child health primary care services.
3. Increase coordination to address chronic disease, substance abuse, and depression
 - a. Partner with the Raincloud Local Collaborative, the Statewide Entity, and Salud managed care organizations to increase the coordination of care to address chronic disease, substance abuse, and depression.
4. Maximize participation in publicly financed health coverage
 - a. Coordinate with the New Mexico Primary Care Association, UNM Hospital, the Albuquerque Area Indian Health Service and other primary care providers to increase enrollment in Medicaid and other publicly financed health coverage programs.
 - b. Attend consumer meetings of the Medicaid Modernization initiative to explore options for creative Medicaid waiver options for the Bernalillo County Native American population.

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